

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-025905

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 157

FILED JUL 31 1962

VS 300
Rev. 4/59

0047

2 0047

3

4 3

5 1

6

7 0

8 2

9 464X

10

11

12 90-3

13 2-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Andrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) Mexico		c. CITY OR TOWN Mexico	
Length of stay in lb 6 Months		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 701 W. Jackson St.		d. STREET ADDRESS (If outside, give location) 701 W. Jackson	
3. NAME OF DECEASED (Type or print) First Hattie Middle Beatrice Last Reece		4. DATE OF DEATH Month July Day 21 Year 1962	
5. SEX Female	6. COLOR OR RACE Negro	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/15/1938
9. AGE (last birthday) 24		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (City and state or country) Fulton, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Pearl Nichols		13b. MOTHER'S MAIDEN NAME Ella Dobbins	
14. NAME OF HUSBAND OR WIFE Walter Reece		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No	
16. SOCIAL SECURITY NO. 30		17. INFORMANT Address Taylor Curtis Mexico, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism			INTERVAL BETWEEN ONSET AND DEATH less than 15 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Pelvic and Femoral Thrombophlebitis			2 days
DUE TO (c) possibly recent pelvic surgery			4 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 7 a.m. 1962 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Fulton, Missouri	
20g. COUNTY		20h. STATE	
21. I attended the deceased from July 21, 1962 to 7/21/62 and last saw him alive on 7/21/62 Death occurred at 7 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William W. Bradley MD, coroner		22b. ADDRESS Box 178, Farber, Missouri	
22c. DATE SIGNED July 21, 1962		22d. SIGNATURE Blanche Neely	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/24/62	23c. NAME OF CEMETERY OR CREMATORY South Side Cemetery	23d. LOCATION (City, town, or county) Fulton, Missouri
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.		25. DATE RECD. BY LOCAL REG. July 22-1962	
26. REGISTRAR'S SIGNATURE		27. REGISTRAR'S SIGNATURE	

USE BLACK INK
OR
TYPEWRITER, RIBBON

Wm W. Bradley MD, coroner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Samuel E. Hayes

Licensed Embalmer No. 4890

P. O. Address ~~715 1/2 St. N. W.~~ *McLico*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.